. UTILITY PATENT APPLICATION	ATTORNEY DOCKET 84485CEB
TRANSMITTAL UNDER 37 CFR 1.53(b)	Customer No. 01333
To: Commissioner for Patents	Express Mail Label No.
P.O. Box 1450	777000000000000000000000000000000000000
Alexandria, VA. 22313-1450	EV293537758US
METHOD OF VERIFYING THE USABILITY OF	Date: September 22, 2003
PHOTOSENSITIVE FILM PRODUCT JUST	Date: September 80, 3003 viz E
PRIOR TO USE	99
	2010
First Named Inventor (or Application Identifier):	22.2
Jeffrey L. Hall	
Enclosed are:	
1. X Specification	6. X Assignment of the invention to
2. Sheet(s) of drawing(s)	Eastman Kodak Company 7. Certified copy of a priority
3. X Information Disclosure Statement Under 37 CFR 1.97.	8. Associate Power of Attorney
 Combined Declaration for Patent Application and Power of X New 	f Attorney:
4b. Copy from a prior application (37 CFR 1.63(d)	(for continuation/divisional with Box 11 completed)
5. <u>Incorporation by Reference (useable if Box 4b is</u>	9. Deletion of Inventor(s).
checked) The entire disclosure of the prior application, from	Signed statement attached deleting inventor(s) named
which a copy of the oath or declaration is supplied under Box 4b,	in the prior application, see 37 CFR 1.63(d)(2) and
is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	1.33(b).
	e-identified application, amend the specification at Page 1,
after the title, by inserting the following:	ridentified application, amend the specification at Page 1,
CROSS REFERENCE TO RELATED APPLICATION	
Reference is made to and priority claimed from	n U.S. Provisional Application Serial No.,
filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:	
11. Continuation Divisional Continuation-	in-part (CIP) of prior application No:
12. X Please address all written communications to Thomas F Eastman Kodak Company, 343 State Street, Rochester,	1. Close, Patent Legal Staff,
Please Direct all telephone calls to Clyde E. Bailey, Sr.	at 585-722-9349
The filing fee has been calculated as shown below:	
FOR: NO. FILED NO. EXTRA	RATE FEE
BASIC FEE	\$ 750
TOTAL CLAIMS 14 - 20 = -6	x 18 = \$0
INDEPENDENT CLAIMS 1 - 3 = -2	x 84 = \$0
MULTIPLE DEPENDENT CLAIM PRESENTED	+ 280 \$ 0
	TOTAL \$ 750
X Please charge my Eastman Kodak Company Deposit Account	at No. 05-0225 in the amount of \$ 750
A duplicate copy of this sheet is enclosed	
X The Commissioner is hereby authorized to charge any addition	onal filing fees required under
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.	
A duplicate copy of this sheet is enclosed.	
/ <i>L</i>	Kh Cal
Clyde E. Bailey, Sr./clb	rney for Applicants
Telephone: 585-722-9349 Regi	stration No. 34,117
Facsimile: 585-477-4646	